FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0076 OMB Number: Expires: May 31, 2005 Estimated average burden hours per response. 16.00



FORM D NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Issuance of Series C Preferred Stock	and the second of the second o
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4 Type of Filing: New Filing Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	/ MAR 0.8 2004
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ONStor, Inc.	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) 130B Knowles Drive, Los Gatos, CA 95032	Telephone Number (Including Area Code) 408-963-2400
Address of Principal Business Operations (if (Number and Street, City, State, Zip Code) different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Storage networking software and hardware development	
Type of Business Organization corporation	specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	d NAP 0 5 7004

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File - U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

• Each promoter of the issuer, if the issuer has been organized within the past five years;									
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; 									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Miller, Robert	individual)								
Business or Residence Addres 130B Knowles Drive, L	•								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Laurencio, Francis	individual)								
Business or Residence Addres 130B Knowles Drive, L									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Tarrant, Peter	individual)								
Business or Residence Addres 130B Knowles Drive, L									
Check Box(es) that Apply:	Promoter Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Vitorino, Joe	individual)								
Business or Residence Address 130B Knowles Drive, L									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Johnson, Matt	individual)								
Business or Residence Address 130B Knowles Drive, L									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Lux, Robert	individual)								
Business or Residence Addres 130B Knowles Drive, L									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if Querner, Steve									
Business or Residence Address 130B Knowles Drive, L									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. Director Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Schuh, Mike Business or Residence Address (Number and Street, City, State, Zip Code) 130B Knowles Drive, Los Gatos, CA 95032 □ Director General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Fong, Kevin Business or Residence Address (Number and Street, City, State, Zip Code) 130B Knowles Drive, Los Gatos, CA 95032 Executive Officer □ Director Check Box(es) that Apply: Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Savage, Colin R. Business or Residence Address (Number and Street, City, State, Zip Code) 130B Knowles Drive, Los Gatos, CA 95032 Director Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** General and/or Managing Partner Full Name (Last name first, if individual) Patterson, James L. Business or Residence Address (Number and Street, City, State, Zip Code) 130B Knowles Drive, Los Gatos, CA 95032 Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer __ Director General and/or Managing Partner Full Name (Last name first, if individual) Young, Desmond Business or Residence Address (Number and Street, City, State, Zip Code) 23050 Old Logging Road, Los Gatos, CA 95033 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Foundation Capital Business or Residence Address (Number and Street, City, State, Zip Code) 70 Willow Road, Suite 200, Menlo Park, CA 94025

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Executive Officer

Director

General and/or

Managing Partner

Beneficial Owner

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code) 2800 Sand Hill Road, Suite 250, Menlo Park, CA 94025

Check Box(es) that Apply:

Mayfield Fund

Full Name (Last name first, if individual)

A. BASIC IDENTIFICATION DATA

Each beneficial own	e issuer, if the issuer ler having the power ter and director of cor	nas been organized within the o vote or dispose, or direct the porate issuers and of corpora	ne vote or disposition of, 10%		of equity securities of the issuer. issuers;
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it Worldview Technology	,				
Business or Residence Addres 435 Tasso Street, Suite					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Ghahremani, Changiz	individual)				
Business or Residence Address 815 Tye Rd., Santa Bar		et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		٥		
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
	(Lica hi	lank sheet, or conviand use a	ditional conies of this sheet	as necessary)	

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				B. IN	FORMAT	ION ABOI	JT OFFER	ING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No			
2. What is the minimum investment that will be accepted from any individual?									•••••	\$ <u>N/A</u>		
											Yes	No
		ermit joint o										LJ
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)								offering. h a state				
Business or I	Residence Ad	dress (Numbe	er and Street,	City, State, 2	Zip Code)			-,				
Name of As	ssociated Br	oker or Dea	ler									
		Listed Has									🔲 A	Il States
AL	AK	AZ	AR	CA	со	СТ	DE	DC	FL	GA	НІ	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Name (I	Last name firs	st, if individua	1)									•
Business or I	Residence Ad	dress (Numbe	er and Street,	City, State, 2	Zip Code)							
Name of A	ssociated Bi	roker or Dea	ler		· · · · · · · · · · · · · · · · · · ·							
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AL	AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA .	HI	ID
IL	ĪN	IA .	KS	KY	LA	ME	MD	MA	MI	MN	MS	мо
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ок	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Full Name (I	Last name fire	st, if individua	ıl)									
Business or I	Residence Ad	ldress (Numbe	er and Street,	City, State, 2	Zip Code)							
Name of Associated Broker or Dealer							****					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										ll States		
AL	AK	[AZ]	AR	[CA]	СО	СТ	DE	DC	FL	GA	НІ]	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check				
this box already exchanged.	l			
aneady exchanged.	Aggre	gate	A	mount Already
Type of Security	Offering	-		Sold
Debt	\$	0.00	\$	0.00
Equity	\$ 15,000,	001.08	\$	8,194,241.28
Common Preferred				
Convertible Securities (including warrants)	\$	0.00	\$_	0.00
Partnership Interests	\$	0.00	\$	0.00
Other (Specify)	\$	0.00	\$	0.00
Total	\$ 15,000,	001.08	\$	8,194,241.28
Answer also in Appendix, Column 3, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero."	;		D	Aggregate ollar Amount of Purchases
Accredited Investors			\$	
Non-accredited Investors			Ψ \$	0.00
Total (for filings under Rule 504 only)			Ψ_	0.00
Answer also in Appendix, Column 4, if filing under ULOE.			_•-	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			I	Dollar Amount Sold
Type of offering				
Rule 505			\$	
Regulation A			\$	
Rule 504			\$	
Total			\$	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees			\$	
Printing and Engraving Costs			\$	
Legal Fees		. 🛛	\$_	75,000.00
Accounting Fees		🔲	\$	- No. 8 To April 1
Engineering Fees		🔲	\$	·
Sales Commissions (specify finders' fees separately)			\$	
Other Expenses (identify)			\$	
Ţotal		. 🛛	\$	75,000.00

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ar	Enter the difference between the aggregate offering total expenses furnished in response to Part C—occeds to the issuer."	- Question 4.a. This diff	erence is the "adjust	ed gross	\$_	8,119,241.28
us ch	dicate below the amount of the adjusted gross pro- ed for each of the purposes shown. If the amount for eck the box to the left of the estimate. The total of occeeds to the issuer set forth in response to Part C -	or any purpose is not kn of the payments listed n	own, furnish an estir	nate and		
				Payments Officers Directors Affiliate	s, , &	Payments To Others
	Salaries and fees			\$	🗆 \$	·
	Purchase of real estate		[] \$	🗆 \$	
	Purchase, rental or leasing and installation of ma	chinery and equipment	· · · · · · ·] \$	🔲 \$	
	Construction or leasing of plant buildings and fac	cilities] \$	🔲 \$	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of anot	her] s	□ \$;
	Repayment of indebtedness			\$	<u></u> s	
	Working capital			\$	<u></u> \$	8,119,241.28
	Other (specify):			\$	s	
	Column Totals		L]		
		D. FEDERAL SIG	NATURE	and the second second		
sign	issuer has duly caused this notice to be signed by ature constitutes an undertaking by the issuer to furnation furnished by the issuer to any non-accredite	rnish to the U.S. Secur	ities and Exchange (Commission, upo		
	er (Print or Type) Stor, Inc.	Signature	1/2		Date March 2, 2	2004
	e of Signer (Print or Type) acis Laurencio	Title of Signer (Print Chief Financial Of				
		ATTENTION			·····	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)